Historia 54,1, Mei/May 2009, pp 239-261

Challenges and Obstacles in Early HIV and AIDS Education in South Africa, 1989-1994

Louis Grundlingh*

Education in a world of AIDS must be different from education in an AIDS-free world [1]

Introduction

South Africa is currently experiencing one of the most severe AIDS epidemics in the world and yet there is still no cure for AIDS. Historically HIV prevalence trends increased exponentially from 0,73 per cent in 1990 to 7,57 per cent in 1994[2]. In addition, the epidemic was no longer limited to the homosexual population. By the early 1990s, it had made considerable inroads into the heterosexual population. By mid-decade, the Department of Health estimated that 3 per cent of the South African population were HIV-positive.[3] By November 2000, there were 4,7 million and at the end of 2007, approximately 5,7 million South Africans living with HIV. Almost 1 000 AIDS deaths occurred every day.[4]

Not surprisingly then, health authorities and educationists turned to prevention as a solution.[5] The assumption was that if people were well-informed about the epidemic, it would automatically lead to significant changes in their sexual behaviour and practices. The method to do this was a strong educational drive.[6] In 1988,

---

* Louis Grundlingh is professor in History at the University of Johannesburg and has been working extensively on aspects of the history of HIV and AIDS for the last couple of years

1 M J Kelly, "HIV/AIDS and education in Eastern and Southern Africa: the leadership challenge and the way forward", *Report for the African Development Forum*, December 2000

2 L Gilbert and L Walker, "HIV/AIDS in South Africa – An Overview", *in* Cad Saúde Pública, Rio de Janeiro, 18, 3, May-June 2002, p 655. In 1982 there were 2 reported AIDS cases and 2 deaths By 1994 these figures changed drastically to 3 847 and 949 respectively Source: *AIDS Scan*, 6, 3, September/October 1994 After that, the figures rose very sharply This was not far from the projection of 6 million HIV positive by 2005 Source: H Marais, *To the Edge: AIDS Review 2000* (HSRC, Pretoria, 2000), p 5

3 R Shell, "Halfway to the Holocaust: the Economic, Demographic and Social Implications of the AIDS Pandemic to the Year 2010 in the Southern African Region", *Occasional Papers: HIV/AIDS: A Threat to the African Renaissance?* (Konrad Adenauer Stiftung, Johannesburg, 2000), p 11

4 UNAIDS 2008 Report on the global AIDS epidemic

5 There is a considerable literature in South Africa on HIV and AIDS and education covering the period *after* 1994 See for example: P Badcock-Walters, *The impact of HIV/AIDS on education in KwaZulu Natal* (University of Natal Press, Pietermaritzburg, 2001); C Coombe, "Keeping the education system healthy: managing the impact of HIV/AIDS on education in South Africa", *Current issues in comparative education*, 3, 1, December 2000; C Coombe, "Rethinking some of our perceptions about HIV/AIDS and education" Unpublished paper presented at the Southern African Development Community Meeting on HIV/AIDS and Education, February 2001; M J Kelly, "Standing education on its head: aspects of schooling in a world with HIV/AIDS", *Current issues in comparative education*, 3, 1, December 2000

6 See: A du Plessis, "Managing AIDS in the Workplace: Some issues and considerations for human resource practitioners", *AIDSscan*, 2, December 1990, pp 6-9; A E Jordhem, "Removing the Mystery from AIDS", *Management Review*, February 1990, pp 20-25; L Liskin, C A Church, P T Pitrow, and J A Harris, "Population Reports: AIDS Education – a beginning", *Issues in World Health*, 32, 8, September 1989, pp 1-28; J Metz and J M Malan, "The Impact of AIDS on Society", *South African Journal of Continuing Medical Education*, 6, pp 23-29 Natalie Stockton, the first head of the AIDS Unit of the Department of National Health, confirmed this No author: "Interview with Natalie Stockton: 'Striving for a community-driven national programme'", *Aids Bulletin*, 1, 2, December 1992, p 7

C.B. Ijsselmuiden and others already maintained that the only way to fight HIV and AIDS was a comprehensive health education campaign "accurately targeted, non-judgmental, scientifically impeccable, adequately resourced and sustained"[7]. In addition, Ijsselmuiden added that such a campaign should be characterized by innovative educational techniques, appropriate timing, good communication and committed persons. These ideals and the effectiveness of this approach were never questioned during the period covered by this article. Thus a major point of debate that this article seeks to resolve is a critical evaluation of these educational attempts especially in the light of the fact that HIV and AIDS spread like wildfire during the 1990s.[8]

The article provides a general national overview[9] of some aspects of the educational attempts to raise HIV and AIDS awareness between 1989 and 1994.[10] The focus will fall on formal education and the informal *ad hoc* educational work done by non-government organisations (NGO's). Specific problems in the HIV and AIDS educational attempts are addressed. The complex social meanings engendered by this lethal virus and the fact that it could not be controlled or predicted, made it very difficult to package easily for educational purposes. This is followed by a discussion of the varied nature of the educational programmes. The article concludes with a discussion on opposition to and problems with the educational efforts.

HIV and AIDS were initially viewed, globally as well as in South Africa, as merely a medical problem. However, it is primarily a social one, as demonstrated by its spread, as well as by the inability and inadequacy of the medical establishment to control and curtail its expansion. This is in line with the psycho-socio-environmental view of health and disease, in sharp contrast to the bio-medical model, which views health and disease "through the microscope" and offers technical solutions to what are largely social problems.[11]

Historically, HIV and AIDS and the related behaviours can only be understood if cognisance is taken of the context in which it manifested.[12] Behaviours again are bound up with relationships. Many social and economic factors influenced the nature of those relationships. For a long time, the apartheid system in many ways determined the social and economic circumstances in which the majority of South Africans found themselves. Structural, political, cultural and social inequality was inimical to good

---

7 C B Ijsselmuiden, "AIDS and South Africa – towards a comprehensive strategy", *South African Medical Journal*, 73, 16 April 1988, p 465

8 One is daunted by such a question when the figures further show HIV spread from a 0,7 per cent adult infection rate in 1990 to 20 per cent in 2000 despite considerable educational efforts and awareness M Hunter, "The ambiguity of AIDS 'awareness' and the power behind forgetting: Historicizing and Spatializing Inequality in Mandeni, KwaZulu-Natal" Unpublished paper presented at the AIDS in Context Conference, 4-7 April 2001, University of the Witwatersrand, Johannesburg, p 1

9 The intention was to combine information from the different provinces

10 This period was crucial, as it was the first time that HIV and AIDS education was taken seriously enough

11 Gilbert & Walker, "HIV/AIDS in South Africa – An Overview", p 651

12 The role of these circumstances and the influence they had on health are well-known I have commented extensively on this in an earlier article, "Government Responses to HIV and AIDS in South Africa as Reported in the Media, 1983-1994", *South African Historical Journal*, 45, 2001, pp 124-153 Also see: L Walker and L Gilbert, "Women at risk: HIV and AIDS – A South African Case Study", *African Journal of AIDS Research*, 1, 2001, p 4

health.[13] Consequently, apartheid policies systematically fragmented and denied people equal access to health services. The idea of defining health as a socio-political phenomenon[14] that can only be solved through a more equitable distribution of material resources, posed a major threat to those with an interest in maintaining the political *status quo*.

It therefore came as no surprise that the previous South African government, although acknowledging that AIDS cases had been diagnosed in the country since 1984, gave scant consideration to the important link between the epidemic, its spread and the conditions under which apartheid forced many people to live. As a result, it was totally unprepared for the HIV and AIDS disease.[15]

Similarly, the close connection between the resultant poverty and disease gave rise to a whole range of diseases, known as "diseases of poverty."[16] HIV and AIDS specifically was called the "poor man's plague". Consequently, people whose immune systems were already compromised, were more likely to become infected. Clearly this led to a vicious circle of spiralling infection exacerbating the spread of HIV and AIDS.[17]

On the other hand, the African National Congress (ANC) maintained that HIV and AIDS should be challenged as a socio-economic disease. In particular, HIV and AIDS education should be a fundamental part of a pro-active primary health care approach.[18] Cheryl Carolus, Secretary General of the ANC, stated that her party was thoroughly aware that:

---

13 See, for example: Gilbert & Walker, "HIV/AIDS in South Africa – An Overview", pp 651-654 for expanding on this for the period under discussion

14 D Everatt, *Creating a Future: Youth Policy for South Africa* (Ravan Press, Johannesburg, 1994) emphasised that the suggestions of the Department of Health's policies regarding HIV and AIDS under National Party rule ignored the socio-economic reality of black life in South Africa This was not the first virus to be constructed socio-politically See for example: R M Packard, *White plague, black labour : tuberculosis and the political economy of health and disease in South Africa* (University of California Press, Berkeley, 1989)

15 See my article "Government Responses to HIV and AIDS in South Africa as Reported in the Media, 1983-1994", *South African Historical Journal*, 45, 2001 Also see A Whiteside and J van Niftrik, "AIDS in South Africa: Government and ANC Response", *AIDS Analysis Africa*, 3, 4, December 1995, pp 1, 9 The Department of Education had no policy on HIV and AIDS until late 1999 C Coombe, "Keeping Education Healthy: Managing the impact of HIV/AIDS on Education in South Africa", *Current Issues in Comparitive Eduction*, 3, 1, 2002, 2000, p 14

16 J Head, "Behavioural assumptions about the spread of HIV infection in South Africa", *AIDS Bulletin*, 1, December 1992, p 17 Head warned that an exclusive focus on "cultural traits will miss the connections between diet, housing and access to health care and education which are more critical in determining most people's life chances and their vulnerability to HIV infection " Also see Walker & Gilbert, "Women at risk: HIV and AIDS – A South African Case Study", *African Journal of AIDS Research*, 1, 2001, p 19, where the number of factors that influenced the pattern of HIV and AIDS in South Africa were listed In 1994, 51 per cent of South Africans lived below the poverty line South African Institute of Race Relations, *South Africa survey*, 2007/2008, p 84

17 Head, "Behavioural assumptions about the spread of HIV infection in South Africa", p 17

18 C Carolus, "Addressing the challenge of AIDS", *Aids Bulletin*, 1, 1, August 1992, p 2 Also see: S de Villiers, "Dealing with AIDS: Lessons from Antropology", *Journal of Comprehensive Health*, 3, pp 195-199; J W Moodie, "The AIDS epidemic", *South African Journal of Continuing Medical Education*, 6, 3, 1988, pp 37-67; M Zazayokwe, "Some barriers to education about AIDS in the Black Community", *Social Work Practice*, 2, 9, undated; M Galloway and E Scheepers, "AIDS research in South Africa – what have we learned?",

> "People at lower socio-economic levels have a greater susceptibility to all diseases, including AIDS … It is no coincidence that AIDS is spreading more rapidly among the black population – they are more vulnerable, not because they are more promiscuous, but because their socio-economic situation makes them more vulnerable …[19]

Contextually, another factor closely related to apartheid, was the migrant labour system that contributed to the weakening of family structures.[20] Doctor Gayle Grundy[21] not only confirmed the definitive link between the migrant labour system and HIV and AIDS, but also the serious adverse conditions this created for HIV and AIDS education:

> "It is all fine and well to educate people and to try to encourage people to make behaviour changes, but the migrant laws which take husbands away from their wives create conditions that are perfect for the growth of HIV infection "[22]

Linked to this there is substantial evidence that other health problems, specifically tuberculosis, were of greater immediate concern than HIV and AIDS. Furthermore, many simply admitted that they do not worry about AIDS when they are intoxicated.[23]

Finally, any attempt at fighting HIV and AIDS through education had to take cognisance of the mindset of society which established a whole series of systems of oppositions between good and evil, permitted and prohibited, lawful and illicit.[24] These oppositions often lost their nuances, were simplified and reduced to the simplistic opposition between normal and pathological. In believing this, people tended to assume there was also a technique to bring the pathological back to the

---

AIDS Bulletin, 2, 3, November 1993, p 4; M Steinberg and Q Abdool Karim, "AIDS research in South Africa What gaps remain?", *Aids Bulletin*, 2, 3, November 1993, pp 18-19; No author, "Documenting HIV and AIDS Good Practices in South Africa", *The AREPP Education Trust*, undated, pp 3-4, 15

19 Carolus, "Addressing the challenge of AIDS" p 5 Also see: De Villiers, "Dealing with AIDS: Lessons from Anthropology", pp 195-199; Moodie, "The AIDS epidemic", pp 37-67; Zazayokwe, "Some barriers to education about AIDS in the Black Community" This viewpoint coincided with progressive organisations such as Networking AIDS Community of South Africa (NACOSA) See: M Crewe, "Reflections on NACOSA", *Aids Bulletin*, 3, 2, July 1994, p 1 It presented alternatives to the failure of the government both to develop an effective national HIV and AIDS programme by 1990 and to take the AIDS epidemic seriously enough to ensure that effective education and prevention programmes were developed and supported timeously

20 C de Beer, *The South African disease: apartheid, health and health services* (South African Research Service, Johannesburg, 1984); M Price, "Health care as an instrument of apartheid policy in South Africa", *Health Policy and Planning*, 1, 1986, pp 158-170; E Preston-Whyte and M Zondi, "To control their own reproduction: the agenda of black mothers in Durban", *Agenda*, 4, 1989, pp 47-68; L Kuhn, M Steinberg and C Matthews, "Participation of the school community in AIDS education: an evaluation of a high school programme in South Africa", *HIV and AIDS Care*, 6, 2, 1994, pp 161-162 and M E West, and E A Boonzaaier, "Population groups, politics and medical science", *South African Medical Journal*, 76, September 1989, pp 185-186

21 She was the Deputy Director of the HIV Division of the Centre for Disease Control in Atlanta and visited South Africa to observe the impact of the migrant labour system

22 *The Daily News*, 16 April 1990 and *Vrye Weekblad*, 20 April 1990

23 Galloway & Scheepers, "AIDS research in South Africa – what have we learned?", pp 2, 4

24 L Nicholas and K Durrheim, "Religiosity, AIDS and sexuality knowledge, attitudes, beliefs, and practices of black South African first year university students", *Psychological Reports*, 27, 1995, p 1328

normal. Thus, whilst education became a crucial site for the battle against HIV and AIDS, any educational attempt faced an array of inhibiting factors.

Awareness and knowledge/ignorance[25] about HIV and AIDS

In 1992, a report by the National Progressive Primary Health Care Network (NPPHCN)[26] stated that in general, people were somewhat more aware and knowledgeable about the epidemic than in the late 1980s. HIV and AIDS were less regarded as a purely medical problem as people increasingly identified with the social and political dimensions of HIV and AIDS as well.[27] Likewise, the awareness initiative, *Soul City*,[28] reported a high awareness level of AIDS and HIV transmission, even in rural KwaZulu/Natal.[29] This was confirmed by studies amongst adolescents and a national household survey in the Eastern Cape.[30]

However, despite the high level of knowledge, an aura of mystery, and confusion about means of transmission and the seriousness of the epidemic still existed.[31] A report by the Human Sciences Research Council (HSRC) in 1993 found that knowledge of AIDS was severely lacking among poorly educated people. They viewed their immediate socio-economic needs as more urgent and threatening.[32] As late as 2000, it was reported that although 97 per cent of women have heard of HIV and AIDS, their knowledge of *how* to avoid it, was very limited.[33] For example, quite a high percentage believed that HIV and AIDS could be cured and that herbal remedies could protect one against the disease.[34] Many still exaggerated the risk from simple casual contagion. Certain basic information – for instance that AIDS and HIV was

---

25 The process of assessing knowledge, attitudes beliefs and practices regarding AIDS and using that for the development of educational programmes is referred to as KABP D Wilson and A Mehryar, "The Role of AIDS knowledge, attitudes beliefs and practices research in sub-Saharan Africa", *AIDS*, 5, 1991, pp 177-180

26 This was a nationally co-ordinated NGO

27 N Schaay, "The Aids programme of the National Progressive Primary Health Care Network", *Aids Bulletin*, 1, 2, December 1992, p 4; Galloway & Scheepers, "AIDS research in South Africa – what have we learned?", p 2

28 *Soul City* is the popular name for the Institute for Health and Development Communication and an internationally recognised South African NGO Also see discussion below

29 Soul City Website, http//:www soulcity org za and undated publication "Soul City Heartbeat of the Nation", Series 4 Impact Evaluation, p 4, accessed 29 July 2007 Another example of high awareness was findings of research done amongst university students D Elkonin, "Acquired Immune Deficiency Syndrome: Knowledge, attitudes and sexual activity among University students " MA thesis, University of Port Elizabeth, 1992

30 S Naidoo, "Acquired Immune Deficiency Syndrome: Knowledge, attitudes and sexual activity among black adolescents " MA thesis, University of Port Elizabeth, 1994, pp 60-61; L J Mati, "Acquired immune deficiency syndrome: knowledge, attitudes and sexual practices among rural matriculants in Algoa region " MA thesis, University of Port Elizabeth, 1996, p 72; C G Glover-Walton, "HIV and AIDS behavioural changes in the Eastern Cape " Unpublished paper presented at the AIDS in Context Conference, 4-7 April 2001, University of the Witwatersrand, Johannesburg, p 1

31 *Business Day*, 10 June 1993 and *Sunday Times*, 13 June 1993 This confusion, of course, can be seen as another barrier to education It will receive more detailed discussion later

32 *Business Day*, 10 June 1993 and *Sunday Times*, 13 June 1993

33 *South African Health Review*, 2000, p 306

34 People maintained their own ideas and beliefs about where the virus came from, how it is transmitted and who gets the virus Ideas that it was solely an African disease and that one can get infected by mosquitoes also lasted long Also see: Galloway & Scheepers, "AIDS research in South Africa – what have we learned?", p 2

not the same thing – was still lacking.[35] Xhosa-speaking women in Kayelitsha felt the disease was not real as it had no Xhosa name, AIDS could not be seen and nobody they knew had died of the disease.[36] Another myth was that black people were hypersexual and hence more prone to HIV.[37] A study amongst high school learners found that most had heard about HIV and AIDS and knew it was infectious, but more than half did not know about the mode of transmission. Two-thirds had only a very superficial knowledge of preventive strategies.[38]

One should take cognisance of the fact that individuals easily attributed greater importance to short-term risks and immediate gratification, thus repeatedly under-estimating their own health risks. All this led to the assumption that "if it has not happened to *me*, it probably would not in the future." Having pigeonholed HIV and AIDS as a disease exclusively affecting "the other", allowed people to naïvely hope that they were protected from infection. For example, a survey in 1993 amongst students indicated that 53 per cent were sexually active and 18 per cent had casual partners. Nevertheless, only 14 per cent saw themselves at risk of acquiring AIDS. While most had a general knowledge about HIV and AIDS, there were still many uncertainties, unanswered questions and misconceptions, as many were raised in families where discussion of sex was not encouraged. The general opinion was that "The number of HIV positive cases is being exaggerated to discourage us from having sex."[39] This clearly indicates a gap between knowledge and practice.

It is therefore almost impossible to make a general statement on the level of knowledge amongst South Africans by the beginning of the 1990s. The only reasonable observation was that awareness might have been relatively high, but knowledge levels differed more often than not and even contradicted itself for many regardless of age, gender, race, area or class. The different levels of knowledge/ignorance revolved around, *inter alia*, denial of relevance, foolhardiness and fear. All became excuses for inaction. This complicated attempts at education, but also made it extremely urgent to address.

Difficulties in the conceptualisation of education programmes

An educational programme that aimed at behavioural change, could not take place in a vacuum. Other ideal prerequisites were, amongst others, social acceptance of risk-reduction behaviour; an atmosphere where open discussion of sexual and other risk behaviours could take place; the development of a cultural environment that supported behavioural change and action on the socio-economic issues which promoted the

---

35 Naidoo, "Acquired Immune Deficiency Syndrome: Knowledge, attitudes and sexual activity among black adolescents", pp 67, 88, 92; Mati, "Acquired immune deficiency syndrome: knowledge, attitudes and sexual practices among rural matriculants in Algoa region", p 74

36 D McLean, "Community report on the concerns of women in Kyelitsha", *AIDSscan*, 2, 9

37 Naidoo, "Acquired Immune Deficiency Syndrome: Knowledge, attitudes and sexual activity among black adolescents", p 104

38 C Mathews, C Kuhn, L Metcalf, G Joubert and N A Cameron, "Knowledge, attitudes and beliefs about AIDS in township school students in Cape Town", *South African Medical Journal*, 78, 9, 3, November 1990, pp 511-516

39 Galloway & Scheepers, "AIDS research in South Africa – what have we learned?", pp 2, 4 See similar findings by Naidoo, "Acquired immune deficiency syndrome: knowledge, attitudes and sexual activity among black adolescents", p 98

spread of HIV. As South Africa lacked almost all of these prerequisites, it complicated any preparation for education programmes.

In addition, in a world plagued by a new and as yet incurable disease, educators were uncertain about the nature and content of curricula on HIV and AIDS prevention. For example, some believed that sexual behaviour was too personal to be taught.[40] The conservative morality that was prevalent in the country, thus strongly informed the approaches in the curricula. It was therefore no surprise that proposals on what the educational programmes should include or exclude, were controversial. On the one hand were strong cultural and moral aversions. Even so-called academic works on HIV and AIDS education suggested very specific requirements to prevent "the fall of civilization." The Christian national world view that honoured the body as a temple of God that should not be contaminated, exclusively heterosexual relationships within marriage, opposition to high-risk behaviour, sexual promiscuity, short-term relationships and free love was subscribed to.[41]

Neethling's findings that only 5,3 per cent learners obtained knowledge about HIV and AIDS at school[42] should therefore not be a surprise. It is also an indictment against these institutions.[43] Any educational effort thus had to face the enormous challenge of not only being inhibited by public indignation of challenges to existing morality, but also of talking about sex in very conservative communities.[44] Ironically, despite a generally more enlightened view on sexual issues, the advent of HIV created what may be interpreted as an unexpectedly conservative backlash.[45] On the other hand, from some school authorities' side, there was surprisingly strong support for HIV and AIDS education programmes in schools.[46]

---

40 See my article: "HIV/AIDS in South Africa: a case of failed responses because of stigmatisation, discrimination and morality 1983-1994", *New Contree*, 46, November 1999, pp 55-81

41 M L Neethling, "Die houding van die adolessent teenoor VIGS met besondre verwysing na die opvoedingsverantwoordelikheid van die skool" ["The attitude of the adolescent towards AIDS with special reference to the educational responsibility of the school"] M Ed thesis, University of the Orange Free State, Bloemfontein, 1993, pp 41, 42, 55, 63, 66, 87-88, 100; Transvaal Education Department Circular Minute 70/88 This policy was reaffirmed at a workshop organised by the AIDS Unit of the Department of National Health in 1991

42 Neethling, "Die Houding van die adolessent teenoor VIGS met besondere verwysing na die opvoedingsverantwoordelikheid van die skool", pp 120-121, 162

43 E Preston-Whyte, "The influence of culture on behaviour", *Aids Bulletin*, 1, 1, August 1992, p 21; Mati, "Acquired immune deficiency syndrome: knowledge, attitudes and sexual practices among rural matriculants in Algoa region", p 38 and Carolus, "Addressing the challenge of AIDS", p 5

44 In a study on the knowledge of black adolescents of HIV and AIDS the former Education Department of the House of Delegates would not allow the section dealing with sexual behaviour in the questionnaire because it was regarded as being too personal Naidoo, "Acquired Immune Deficiency Syndrome: Knowledge, attitudes and sexual activity among black adolescents", p 29

45 See general approach of Neethling, "Die Houding van die adolessent teenoor VIGS met besondere verwysing na die opvoedingsverantwoordelikheid van die skool"

46 See, for example, the announcement by Professor Van Loggerenberg, Director of the Free State Teachers' Association, and D Schroeder, Chairperson of the Federal Teachers' Organisation, *Die Volksblad*, 23 Junie 1988 and *Beeld*, 2 Februarie 1989; Transvaal Education Department Circular Minute 70/88 Also see my article: "HIV/AIDS in South Africa: A case of failed responses because of stigmatization, discrimination and morality, 1983-1994", pp 55-81

Some constraints were thus placed on the discussion of subjects that might be interpreted as facilitating sexual activity – contraception, safer sex, sexuality, as well as no discussion, let alone advocacy, of homosexuality. As a result, nothing was taught which might be interpreted as condoning or encouraging learners to become sexually active.[47] Having thus sanitised HIV and AIDS programmes, society was protected from "unhealthy" topics that might otherwise be revealed and the *status quo* thus ensured.[48]

The desire to sanitise the curriculum became an enduring theme, but to the detriment of HIV and AIDS education.[49] The irony was that despite the calculated judgments about the safest way to frame controversial subjects such as sex, death and drugs, the reality with HIV and AIDS was that all these precautions disappeared outside the classroom.

The fact of the matter was that many learners did not remain celibate.[50] The absurdity of instructions to emphasise, for example, abstinence, became clear when the realities were taken into account. For example, studies at the residences of the Universities of Cape Town, Witwatersrand, Natal and Western Cape showed the high level of sexual activity.[51] These condemnatory attitudes thus inhibited an effective educational response to HIV and AIDS.[52]

---

47 J Oosthuizen, "The management of AIDS in South African schools", *Koers*, 59, 2, 1994, pp 149-150

48 P Busse, "Response of people with HIV and AIDS to representations of themselves", *Aids Bulletin*, 4, 1, July 1995, p 23

49 The elementary lessons dealt with health in general and barely mentioned HIV and AIDS at all, though teachers were told questions from children who fear that they could contract the disease should be addressed "honestly and simply" Half of the next level of lessons dealt with HIV and AIDS Only in the higher grade lessons, a majority directly addressed HIV and AIDS and was there discussion of the sexual transmission of HIV and the possibility of prevention through sexual abstinence On the Grade 9 to 12 level, the social and economic consequences of HIV and AIDS were addressed in a single lesson Although certain lessons were geared to elicit sympathy for people with HIV and AIDS and thus attempt to curb potential discrimination, the guides never addressed the homophobia and racism underlying much of the HIV and AIDS hysteria that the curriculum was ostensibly trying to dispel

50 C Robensteine, "HIV education at secondary level: an urgent necessity", *NASSP Bulletin*, 77, 557, 1993, pp 9-16; C Carolus, "Addressing the challenge of AIDS", p 4 See also my article, "HIV and AIDS in South Africa: A case of failed responses because of stigmatization, discrimination and morality, 1983-1994", pp 55-81

51 Findings at UCT:

- Sexually active students: 51 per cent
- No regular partner: 37 per cent
- Use of condom by sexually active students: 31 per cent

Findings at Wits:

- Not at risk of contracting HIV: 80 per cent
- Use of condom by sexually active students: 26 per cent

E A Robertson, "A survey of knowledge, attitudes and practices among university residence students" Honours Thesis in Psychology, University of Cape Town, cited *in* D Skinner, "A review of studies of knowledge, attitudes, beliefs and behaviour in relation to HIV and AIDS within the South African context" Unpublished paper presented at the 22nd conference of the Association for Sociology in South Africa, July 1992, Pretoria These findings are strikingly similar to those from studies of the sexual behaviour of young people in the advanced industrial countries See: C Boyer and S Kegeles, "AIDS risk and prevention among adolescents", *Sociology of Science and Medicine*, 33, 1, 1991, p 13

52 S Bell, A Feraios and T Bryan, "Adolescent males' knowledge and attitudes about AIDS in the context of their social world", *Journal of Applied Social Psychology*, 20, 5, 1990, pp 55-59

In many ways deciding on the sexual content of an HIV and AIDS educational programme was thus a thorny issue: one side felt it should not be too prescriptive, whilst the other, like some church groups, teachers and parents objected to even mentioning sex.[53]

The National AIDS Coordinating Committee of South Africa (NACOSA), a non-government organisation, also struggled with the content of sexuality education. After intense debate a vague agreement was eventually reached on a broad understanding that HIV and AIDS education should rather be given within the context of universal values, than in the context of specific values and religions.[54]

Initially, HIV and AIDS education was based on skills-based programmes. The result was that HIV/sexuality education curricula increasingly emphasised an ill-defined cluster of behaviours labelled either as "coping", "problem solving" or "life skills".[55] The underlying assumption was that increased information about HIV transmission, or the practice of specific skills (such as the use of a condom), would result in a decrease of high-risk behaviours. This in turn would translate into a reduced number of new HIV infections because these skills would empower young people to remain abstinent until marriage or at least negotiate safer sex practices. As explained, abstinence was an illusion. Therefore its value for health education, especially to promote individual behaviour change, proved to be extremely limited.[56] Consequently, the initial programmes were largely unsuccessful, because they were not in touch with reality and hence could not convince people to act differently.[57]

The government still preferred to conceptualise the disease only from a bio-medical perspective, stressing the physiological causes of the epidemic and how it is transmitted. Its socio-economic context, as well as the personal and cultural issues that motivate individual behaviour, was ignored. Inherent in this approach was an attempt to accommodate the above-mentioned puritanical attitude towards sex.[58] The official curriculum excluded children's lived realities, thus masking anxieties about contemporary events. This suggests that ignoring a discussion on safer sex was not so much about learning to make choices from many possibilities, as about only subscribing to one message, namely "say no to sex", based on a predetermined set of behavioural rules. This is another example of how curricula planners often found themselves in a quandary when it came to HIV and AIDS education. While subscribing to the notion that young people should examine and develop their own values, these educators also believed they should be explicitly taught not to have sex.[59] Another explanation for this "safe" approach, was adults' desire to present a

53 No author, "Interview with Natalie Stockton", p 6

54 Galloway & Scheepers, "AIDS research in South Africa – what have we learned?", p 2; No author, "Highlights of the prevention and education strategy", *Aids Bulletin*, 3, 2, 1994, p 8

55 No author, "Highlights of the prevention and education strategy", p 8 Doctor Zuma reaffirmed this in 1996 when she outlined 5 key strategies to fight HIV and AIDS Mati, "Acquired immune deficiency syndrome: knowledge, attitudes and sexual practices among rural matriculants in Algoa region", p 24

56 See similar finding in: H Homans and P Aggleton, "Health education, HIV infection and AIDS", *in* P Aggleton and H Homans (eds), *Social aspects of AIDS* (Falmer Press, London, 1988), pp 154-176

57. *The Star*, 2 April 1992; *Rapport*, 26 April 1992

58 Whiteside and Van Niftrik, "AIDS in South Africa", p 1

59 J D Forrest and J Silverman, "What public school teachers teach about preventing pregnancy, AIDS and sexually transmitted diseases", *Family Planning Perspectives*, 21,2, 1989, pp 65-72

manageable world to children while they themselves felt increasingly powerless to influence the direction of modern life. Eventually it became clear that a purely bio-medical approach was inappropriate as the rapid spread of HIV and AIDS could not only be ascribed to the nature of the virus itself, but also to patterns of behaviour within the socio-economic and cultural context.[60]

The conceptualisation of an education programme was further informed by the age of these infected. Statistics proved that those between 25 and 49 years, were the most highly infected.[61] Since HIV has a dormancy period of about 10 years, it was likely that young HIV positive adults had contracted HIV during late adolescence.[62] Adolescent sexual activity was indeed characterised by early onset and multiple sexual partners.[63] In addition, Mati's study revealed that learners preferred sex education from as early as 10 years.[64] It was therefore suggested that children from the age of eight and older should receive sexual education as they were the greatest possible weapon against HIV and AIDS.[65]

The decision of what should be included and excluded, was further complicated by the racial divide in the country. It manifested when the first state-sponsored public education campaign on HIV and AIDS launched in 1988, used different, racially-slanted images for its white and black target audiences.[66]

Eventually it became clear that it was impossible to maintain the attempts at "sanitation". By withholding HIV and AIDS education, the belief might have been fostered that HIV and AIDS was a mystery and a taboo subject that no one wanted to address. On 30 March 1992, the Department of National Health introduced an extensive "Aids and Lifestyle Education package", specially focusing on the needs of teenagers, their parents and teachers.[67]

The Star described it as "revolutionary" and

> designed to make up for the shocking lack of official effort so far to combat AIDS here Until now the conservative attitude of outraged parents have prevented sex education at school [68]

---

60 J R Kriel, "The nature of AIDS beyond the medical view," *in* A van Niekerk (ed), *AIDS in context: a South African perspective* (Lux Verbi, Cape Town, 1991)

61 This trend continued Reported deaths in this age group rose by 170 per cent between 1997 and 2006 *AIDS & HIV information from AVERT.org,* accessed 25 February 2009

62 Mati, "Acquired immune deficiency syndrome: knowledge, attitudes and sexual practices among rural matriculants in Algoa region", p 47

63 A J Flisher, C F Ziervogel, D O Chalton, P Leger and B A Robertson, "Risk-taking behaviour of Cape Peninsula high school students", *South African Medical Journal*, 83, pp 495-497

64 Mati, "Acquired immune deficiency syndrome: knowledge, attitudes and sexual practices among rural matriculants in Algoa region", p 120

65 Neethling, "Die Houding van die adolessent teenoor VIGS met besondre verwysing na die opvoedingsverantwoordelikheid van die skool, p 97 Also see for the discussion on puppet shows and comics

66 M Crewe, *AIDS in South Africa: the myth and the reality* (Penguin, London, 1992), p 61

67 *The Sunday Star*, 24 March 1991 Although it was announced in 1990 that educational programmes would be introduced, this was only made compulsory in all white secondary schools in 1991 and in all schools from 1992 *Die Burger*, 23 Maart 1990; *The Cape Times*, 22 March 1990, 22 March 1991; Editorial, *Weekend Argus*, 23 March 1991; *Pretoria News*, 11 October 1991 See also: *Vrye Weekblad*, 21 Junie 1991

68 *The Star*, 2 April 1992

The central message of the "Aids and Lifestyle Education package" was that HIV and AIDS was spread mainly through sex and that children should not indulge – or take certain precautions when they do – if they hope to avoid it. Furthermore it was stressed that the programme would only work if parents were involved and trained teachers who would be comfortable with the topic and followed an interactive approach were used. By now, the false reality of only preaching abstinence became apparent. Therefore the use of condoms and one-partner sex as alternatives were suggested. Stockton's successor, Doctor Mandy Holmshaw, condemned a mere factual approach:

> It is pointless drumming medical facts into their heads and trying to frighten them with the symptoms I know people are capable of great change … if they are given the right information [69]

This remark represented a significant change in the official approach towards HIV and AIDS education. The emphasis was no longer on simply providing information on HIV and AIDS that terrified people, thus essentially not conveying the "right information". Rather, having come to grips with the reality of the importance of sex in the lives of people, the education programme henceforth tried to follow a more open approach.

As HIV infection was such a complex issue, a single general message would have been inappropriate. Amongst other matters, literacy and education levels, cultural differences and traditional beliefs had to be taken into account.[70] Stockton was convinced that a national department should only provide broad guidelines. Each community could then use these guidelines to devise their own educational material. She also accepted that an effective educational response could only be a collaborative one.[71] This approach revealed an awareness of the difficulties of educating people about a complex disease and sensitivity to the micro-cultural context in which HIV occurred.[72]

Likewise, for NACOSA, education had to be relevant to the needs of the people receiving it.[73] For example, in the pre-testing workshop for the development of an AIDS photo-comic, the group realised how diverse attitudes to relationships, sex, AIDS and religion based on cultural beliefs and practices were. The comic would have a limited effect if it did not address at least some of these culturally diverse attitudes.[74] Consequently the content of the *Soul City*[75] series was more specific, focusing on, for example, mother and child care issues, violence against women[76] and youth sexuality.[77]

---

69 *New Idea*, 9 May 1992

70 No author, "Attic Fighting AIDS through training, information and counselling", *Aids Bulletin*, 1, 1, 1992, p 8

71 No author, "Interview with Natalie Stockton", p 6; No author, "Highlights of the prevention and education strategy", p 8

72 *Business Day*, 15 May 1989

73 No author, "Highlights of the prevention and education strategy", p 8; M Maclachlan, M Chimombo and N Mpemba, *AIDS Education for Youth through Active Learning: A School-based Approach from Malawi* (University of Malawi, Lilongwe, undated)

74 K Everett, "The development of an AIDS photo-comic for South African teenagers", *Aids Bulletin*, 1, 2, 1992, pp 8-9

75 See further discussion below

76 See for example the study of M Hunter, "The ambiguity of AIDS 'awareness'", pp 7-8

The varied nature and approaches of educational programmes

An unequal education system and very disrupted schooling left many South African children bereft of a reading culture and not fully literate. Moreover, African languages did not have words for "condom", "virus" or "immunity". As a result it became evident that the written word that was traditionally seen as the most cost-effective and meaningful educational practice, was insufficient to convey the HIV and AIDS message.[78] So the emphasis shifted to various media, such as visual aids.[79]

Documentary film has historically been used as a medium of mass education on issues of social importance. When the HIV/AIDS pandemic began in the 1980s, Western film-makers began to realise the potential of video as a source of information about the AIDS crisis.[80] Thus the genre of the "AIDS documentary" was born.[81] It was used to foster awareness and to combat the construction and perpetuation of numerous harmful myths about HIV and AIDS.

In the South African context, similar endeavours faced a daunting task. Government ineptitude meant that public education about the disease was severely lacking. Education through film and video[82] was fairly limited as very few people could or would actually voluntarily access this medium for information on HIV/AIDS. It was, thus, into a situation fraught with incompetence, ignorance and insufficient infrastructure that those who produced films on HIV and AIDS stepped. Nevertheless, they realised that film documentaries have the potential to transcend the socio-economic divisions that thwart flows of knowledge. It was well fitted to use as a medium of education on a subject as sensitive as a sexually-transmitted pandemic.[83]

---

77 Soul City Website, http//:www soulcity org za and undated publication "Soul City Heartbeat of the Nation", accessed 29 July 2007

78 More than 45 per cent of adult blacks are completely illiterate and 25 per cent semi-literate D Ensor, "Co-ordinator of Operation Upgrade (adult literacy)", *Pretoria News*, 30 November 1992

79 J E Osborn and D E Rogers, "Preventing HIV and AIDS in adolescents", *Journal of School Health*, 64, 1, 1994 Galloway & Scheepers, "AIDS research in South Africa – what have we learned?", p 2

80 In the United States the most common approach in videos dealing with AIDS was to have an expert discussing gay sexuality, rates of infection, and routes of transmission, intercut with shots of clubs and bars, hospitals and laboratories with test tubes, all to a background of sombre music These videos were generally dull and pedantic, quite often prejudiced, judgmental and contained misleading information See: J W Jones, "The Sick Homosexual: AIDS and Gays on the American Stage and Screen," *in* J L Pastore (ed), *Confronting AIDS Through Literature: The Responsibilities of Representation* (University of Illinois, Illinois, 1993), p 109

81 B Rich, as cited in: B Horrigan, "Notes on AIDS and Its Combatants: An Appreciation", *in* M Renov (ed), *Theorizing Documentary* (Routledge, London, 1993), p 168; J Greyson, as cited in Horrigan, "Notes on AIDS and Its Combatants: An Appreciation", *in* M Renov (ed), *Theorizing Documentary* (Routledge, London, 1993), p 169; M Vaughan, "Syphilis in Colonial East and Central Africa: The Social Construction of an Epidemic", *in* T Ranger and P Slack (eds), *Epidemics and Ideas: Essays on the Historical Perception of Pestilence* (Cambridge University Press, Cambridge,1992), p 273

82 Television was harnessed as a lucrative propaganda tool by the apartheid state Thus by the early 1980s, when the state suffered a growing crisis of legitimacy, the SABC-TV producers were instructed to make programmes in order to reinvigorate public support for the 'total strategy' and concomitant increased militarisation Strict censorship of public broadcasting operated throughout the 1970s and 1980s

83 R Hodes, "HIV/AIDS in South African Documentary Film, c 1990–2000", *Journal of Southern African Studies*, 33, 1, March 2007, p 157

Consequently, the number of films focusing on educating the public about modes of transmission, prevention and treatment of HIV and AIDS in South Africa increased during the 1990s.[84]

Film-making did not only have a top-down approach. There were sometimes amazing examples of bottom-up initiatives.[85] The Hlabisa HIV video was a case in point. In the rural Hlabisa district in the north of KwaZulu/Natal, a video appropriate to all South Africans, but especially Zulu and Xhosa speakers, was produced not only trying to provide information about HIV and AIDS, but also to bridge the yawning gap that often existed between knowledge of the disease and behaviour change. In a strong patriarchal society where tradition, poverty and single parenthood left many women dependant and disempowered, the producers worked in close collaboration with HIV positive people in the community. A HIV positive person gave a relaxed, but accurate demonstration of condom use and a qualified *inyanga* explained that whilst there was no cure for AIDS, traditional healers could give assistance to the infected.[86] Their solution to fulfil the dire need for an increase in knowledge and understanding of HIV was to film them in everyday scenes that people could easily relate to, thus providing positive images of healthy behaviour between sexual partners.[87] This reinforced the idea that the success of education programmes sometimes relied more on sectors not associated with the government.

On World AIDS Day in 1989, the Government announced that R3-million was granted for the establishment and development of AIDS Training, Information and Counselling Centres (ATICCs) in the major cities of South Africa.[88] This was an early attempt to find alternative ways to provide training and education programmes to people ranging from health care workers to the general public. The training programme consisted of 4-day to 1-day courses that were held throughout the year. Other educational methods were the following: operating hotlines, providing callers with instant information on AIDS and HIV infection; visits by ATICC staff to major neighbouring towns where they gave talks to schools, church and community groups; distributed pamphlets and flyers in different languages; and utilising regional radio services on AIDS prevention.[89]

---

84 These films did not only have an educational message They also captured the blatant inefficiency of successive South African governments to curb the HIV and AIDS pandemic While the earlier films highlighted the failure of the Nationalist government to mount education campaigns to curb transmission, those that postdate the first democratic election in March 1994, focused on the worsening of these circumstances In the time between 1994 and 2000, government policy regarding the treatment of HIV-positive South Africans amounted to genocide through negligence – what Zachie Achmat has referred to as "a holocaust of the poor" E Cameron, *Witness to AIDS* (Tafelberg, Cape Town, 2005), p 137

85 C Rifkin and A Croucamp, "Approaches to the comic story medium as an AIDS education resource", *Aids Bulletin*, 4, 1, 1995, pp 12-13 Also see: S S A Karim, "Traditional Healers and AIDS prevention", *South African Medical Journal*, 83, January 1993, pp 423-424

86 R Coleman, "The Hlabisa HIV video: an attempt to bridge the gap between knowledge and behaviour", *Aids Bulletin*, 4, 1, July 1995, p 25 See also: E Green, *Aids and STD's in Africa. Binding the Gap between Traditional Healing and Modern Medicine* (Natal University Press, Pietermaritzburg, 1994), pp 1-5, 7-16, 177-205

87 Coleman, "The Hlabisa HIV video", pp 24-25

88 *Oosterlig*, 1 Desember 1988; *Eastern Province Herald*, 13 January 1989; *The Natal Witness*, 29 March 1990; *Daily Dispatch*, 3 August 1990

89 No author, "Attic Fighting AIDS through training", pp 6-8

Generally, the NGO's approach to bring the HIV and AIDS message across by focusing on activities in an innovative, unorthodox and creative way, proved to be more efficient. The NPPHCN focused more on community-based education in consultation with existing community structures and progressive educational organisations.[90] The comments of one worker encapsulate their approach well:

> We work more directly and closely with the community at a grassroots level and understand the problems encountered by that particular community The programmes we run are not therefore planned and imposed from the outside [91]

Acknowledging the high levels of illiteracy, Holmshaw explained the importance of theatre and drama groups that were active in communities all over the country. They had the potential to spread empowering messages on HIV and AIDS because they could make an impact on communities where pamphlets and lectures would elicit no response at all.[92] Furthermore, it was acknowledged that performance could significantly bring about a change of attitude in participants and audiences, because any new attitudes and behaviour patterns that might be adopted, were publicly endorsed.[93]

An example of this was the project investigating the use of educational drama,[94] launched in 1991 at Ongoye High School in Zululand. The key idea was to release the creativity and critical thinking of the learners so that they themselves would not only acknowledge the seriousness of the HIV pandemic, but also seek their own workable solutions. Moreover, performance was an ancient and respected tradition in Zululand. The project thus tapped into the cultural tradition and immediate context to find solutions to a modern crisis.[95]

The strength of the project eventually lay in the participation of learners, staff and the local community. Afterwards pupils worked on their own plays, posters, songs and poems.[96] A significant shift in attitudes towards safe sexual behaviour, a notable change from apathy and denial of scientific information about HIV and AIDS to a determination to spread the message, as well as a substantial improvement in HIV and AIDS knowledge was recorded.[97]

---

90 Historically, the NPPHCN AIDS Programme emerged out of voluntary working groups within NPPHCN The major impetus for the establishment of the programme came from the Maputo conference, hosted jointly by the Centre for Health in Southern Africa and the ANC Health Secretariat in April 1990 Schaay, "The Aids programme of the National Progressive Primary Health Care Network", p 1

91 Schaay, "The Aids programme of the National Progressive Primary Health Care Network", p 1

92 *Pretoria News*, 9 April 1992

93 See, for example: R Kidd and N Colleta (eds), *Tradition and Development: Indigenous Structures and Folk Media in Non-Formal Education* (German Foundation for International Development and International Council for Adult Education, Bonn, 1981)

94 It was already acknowledged that dramatic formats are extremely suitable to risk recognition and to change risk behaviour Multiple issues could be dealt with in an emotionally involving and entertaining way *Aids Bulletin*, 4, 1, July 1995, p 11

95 L Dalrymple and E Preston-Whyte, "A drama approach to AIDS education – an experiment in 'action' research", *Aids Bulletin*, 1, 1, August 1992, pp 9-10

96 Some actors and disc jockeys likewise joined hands with government departments and schools to reach the young Other examples are "Dramaide Project" of the Drama Department of University of Zululand which performed in some 770 junior and high schools in KwaZulu and a six part TV drama series – *52 Regent Street*, both were government funded *Indaba*, 12 March 1992; *Zululand Observer*, 20 August 1993

97 Dalrymple & Preston-Whyte, "A drama approach to AIDS education", p 11

The project thus demonstrated an important convergence between educational drama theory, behaviour theory and the strength of culturally appropriate symbolism. Through drama, fear and denial that prevented attitude and behavioural changes, were broken down. Perhaps even more importantly, engaging in role-play provided opportunities for rehearsing the consequences of attitude changes and thus facilitated making these changes. It was also an excellent vehicle to deal with barriers that formerly blocked changes of attitude,[98] such as stigma and conservative morality inappropriate for the fight against the epidemic.

Following a similar route, but with a somewhat different approach, were the live performances by the African Research and Educational Puppetry Programme: Theatre for Life (AREPP). Their programme was already established in 1987 as a community based educational trust. Its aim was to break down racial, cultural and educational taboos and barriers focusing on sexuality, HIV and AIDS, using theatre and puppetry to display, encourage and demonstrate life-skills education. They believed that attitudes and beliefs had to be changed regarding the key personal issues that AIDS highlights. The theatre approach allowed the audience unconsciously to reflect on sexual experiences without judgement, shame, stigma, condemnation or taboo.

The show was unique in its approach, as it travelled to the communities and not simply disseminating information about the disease. They took to the road in 1988 with their first long-term project Puppets Against AIDS and performed before people on the streets in both rural and urban communities.[99] Throughout the 1990s, it continuously changed its approach as and when necessary.[100] It soon built a reputation for good quality and alternative supplementary education. The phenomenal success of this type of social education created a huge demand.[101]

According to Stockton, an evaluation of television and radio advertisements indicated that they have generally been well-received and that many people had heard them and understood the message. In particular the mass taxi advertisements seemed to have been successful.[102] However, a year later she said that the national campaign would no longer be based on a mass media approach, but increasingly on an interpersonal level.[103] The government actually blamed the mass media because it could not persuade people to change their lifestyles. That was why spending on AIDS information was cut by R2-million.[104]

---

98 Dalrymple & Preston-Whyte, "A drama approach to AIDS education", pp 10-11 Also see: Mati, "Acquired immune deficiency syndrome: knowledge, attitudes and sexual practices among rural matriculants in Algoa region", p 118

99 No author: "AIDS drama network established" and "'Puppets against AIDS'", *Aids Bulletin*, 1, 1, August 1992, p 26

100 No author: "Documenting HIV and AIDS Good Practices in South Africa", *The AREPP Education Trust*, undated, pp 2, 9-12, 18

101 B Oskowitz, Z Hlatshwayo, C Evian, *Qualitative Evaluation of the African Research and Educational Puppetry Programme (AREPP)* Unpublished evaluation; Cape Town: AREPP, 1995; J Reekie, *An evaluation of the efficacy of an AIDS prevention play for high-school students*, Unpublished MA dissertation, Johannesburg: University of the Witwatersrand, 1996

102 No author: "Interview with Stockton", p 6

103 *Vrye Weekblad*, 11 September 1992

104 *The Star*, 24 August 1993; *Citizen*, 24 August 1993

NACOSA was not completely convinced that government efforts were so successful and in 1994 suggested more effective ways of using the mass media.[105] Its multi-disciplinary media committee launched its own massive communication campaign aimed at developing locally relevant media material.[106]

Not surprisingly, the first full media assault of HIV and AIDS health promotion messages on South Africans did not come from the government. From August to October 1994, *Soul City* harnessed all levels of media to reach the population through entertainment.[107] Whilst realising that behaviour change is difficult to influence, the executive of *Soul City* appreciated that a lack of consultation with target audiences and vulnerable groupings was the key reason behind the failure of many previous mass media interventions. In addition, to be effective, health messages had to be popular, accessible and relevant. Moreover, it had become absolutely essential to shift from mere education – with all the limitations attached to that – to "edutainment", meaning entertainment combined with a broadly didactic purpose. *Soul City* was developed with this in mind, as well as to avoid the past mistakes of other mass media campaigns. *Soul City* made use of five ways to convey its message.[108] The developers claimed that

> The result was a gripping, true-to-life view of township life in South Africa, a view of real people enduring a harsh reality and a celebration of the triumph of the human spirit It is exciting entertainment which conveys constructive, empowering messages [109]

This view, of course, not only romanticised, but also generalised and simplified the lives of people. No cognisance has been taken of the nuanced experiences of people. After all, not all townships in South Africa were the same and surely class, race and gender played a huge role in highlighting these differences.

Nevertheless, by 1997, it was plain that the campaign set new standards in broadcasting and mass primary health care education. Both quantitative and qualitative evidence showed a significant increase in accurate knowledge about HIV and AIDS. People shifted along the various parts of the behaviour change model and revised their subjective social norms. This helped them to sustain safer sexual behaviours.[110]

---

105 No author: "Highlights of the prevention and education strategy", p 8; Mati, "Acquired immune deficiency syndrome", p 122

106 Mati, "Acquired immune deficiency syndrome", p 56

107 Other similar efforts were the dramatized televised educational health programmes of Safritel R Bryden, "Golden threat to a healthy nation", *Health and Hygiene*, December 1994, p 34

108 Television (13 episode prime time television), radio (26 part magazine-cum-drama series), print material (life skills material and a parenting booklet), a public relations and advertising strategy (promotion to popularise the broadcast media) and an education packages for children and adults (includes comics, workbooks, facilitator guides, posters, audio and video tapes)

109 M Galloway, "Soul City – harnessing the media to promote health", *Aids Bulletin*, 4, 1, July 1995, p 2

110 It was estimated that the combined message reached 8,1 million people This was 68 per cent of the target audience A total of 46,8 per cent black South Africans over the age of 15; 31 per cent of rural and 71 per cent of informal settlement dwellers had accessed one of more of the materials, 58 per cent of this audience discussed issues raised in the materials, 95 per cent claimed to have learned something and 78 per cent of these used the information It was estimated that the fourth series reached 16,2 million people, representing 79 per cent of the target audience M Galloway, "Soul City – harnessing the media to promote health", p 5; "Soul City Series 4 Evaluation Fact Sheet, 1, 1, 1998; T Samuels, J Mollentz, R Olusanya, M Claassens, S Braehmenr and Z Kimmie, "An evaluation of Soul City", October 2000 and Soul City Website, http//:www soulcity org za, accessed 29 July 2007 Based on this success, it was followed by *Soul City* II and III, addressing other HIV and AIDS-related issues

From the middle of the 1980s, commemorations of World AIDS day on the first of December became special opportunities world-wide to launch comprehensive media driven educational drives. This included the wearing of red ribbons, television and radio programmes building up to World AIDS Day and the publication of educational material on HIV and AIDS in the newspapers.[111] However, South Africa only started to use this occasion seriously from the early 1990s.

Symbolically, it is common in mobilising people to use flags, icons and logos as rallying points for solidarity. The red ribbon was used for this purpose at the launch of the worldwide HIV and AIDS awareness campaign. Yet, the Department of Health chose to select its own symbol and logo, the yellow hand, as a central focus for its HIV and AIDS awareness programme. Not only was it met with considerable resistance, but failed quite miserably to raise awareness. After four years of using this logo and an estimated R6-million spent, there was almost no evidence that it made any impact.[112] This was another example of inappropriately use of the mass media.

South Africa was ideally suited to use television and radio, two of the most powerful communication tools, to spread the message of HIV and AIDS.[113] Naidoo revealed that almost 51 per cent of the learners obtained their initial knowledge about HIV and AIDS from television and only 5,5 per cent from their parents. Other studies conducted on adolescents confirmed that television, newspaper and magazines were the leading sources of HIV and AIDS information.[114] Nevertheless, there was also an indication that young people preferred information from trained HIV and AIDS counsellors.[115]

An unequal education system and a very disrupted schooling left many South African children not fully literate and bereft of a reading culture. Thus an informal educational tool was the unconventional use of photo-comics. Amongst the more conservative South Africans they carried the stigma of being sleazy and very superficial. This was, however, a very prejudiced view.[116] Educational comics in South Africa were already produced within the broader progressive political movement.[117] These pioneers also realised the value of "edutainment". The

111 No author: "Interview with Stockton", p 6

112 N Lightfoot, "The aborted 'Yellow Hand' campaign", *Aids Bulletin*, 1, 2, December 1992, p 6; *Aids Bulletin*, 4, 1, July, 1994, p 20

113 CASE research established that approximately 92 per cent South Africans had access to radio, 76 per cent to television and 55 per cent to newspapers Galloway, "Soul City – harnessing the media to promote health", p 1

114 Mati, "Acquired immune deficiency syndrome", pp 51, 76, 110

115 Naidoo, "Acquired Immune Deficiency Syndrome: Knowledge, attitudes and sexual activity among black adolescents", p 64 Also see similar findings by: Elkonin, "Acquired Immune Deficiency Syndrome: Knowledge, attitudes and sexual activity among University students", 1992 and Mati, "Acquired immune deficiency syndrome", p 85

116 One of the first educational comic strips was published in the highly successful "People's College" supplement to the *Weekend Post* which was banned by the State in the 1970s for political reasons Everett, "The development of an AIDS photo-comic for South African teenagers", p 7

117 For example, in 1981, Andy Mason and Dick Cloete's ground-breaking alternative history comic, "Vusi Goes Back" was published by the Environmental and Development Agency The most pioneering work in educational comics was carried out by the South African Council of Higher Education (SACHED) A series of comics was published based on popular novels and autobiographies in an attempt to provide teachers with an alternative, accessible and attractive teaching tool for teaching English as a second language

combination of pictures and text in colloquial language made the information more accessible and intelligible to readers whose literacy level was low.

By 1991 the educational potential of the photo-comic had established itself and was widely perceived as an accessible medium for exploring contemporary issues. Moreover, comics were often re-read and passed on. This was important in the consolidation and sharing of information. Furthermore, it was familiar to South African teenagers and had a high level of entertainment. The compelling story about teenagers in the context of their relationships with their partners and peers made the notion of risk of HIV infection less abstract and removed. The strong identification with the realistic depiction of characters that confronted the risk of HIV infection increased the perception of personal risk.

The producers of the comics (The Storyteller Group) challenged the orthodox top-down approaches. Instead the Group democratised the production process involving the target audience through the use of role-play. Although no easy solutions were given, it was more true to life, acknowledging the complexities of HIV and AIDS.

With this as a departure point, the group developed three very different comics. The *Love and AIDS* comic used an elementary story line in a visual context and the relative simplicity of spoken dialogue to communicate basic HIV and AIDS information within the context of a story about relationships. *Opentalk* portrayed five scenarios, each illustrating a particular communication crisis. *Heart to Heart* targeted rural youth using the romance genre to explore sexuality, gender roles and life choices. These comics proved to be extremely popular and significantly shifted the knowledge of people who read them.[118]

Likewise, at the beginning of 1992, the SAMRC (South African Medical Research Council)[119] instructed its National AIDS Research Programme to initiate the development of an AIDS education comic as one component of its larger school-based AIDS prevention programme. The project was commissioned to Story Circle, a group of Cape Town artists and writers. The comic, *Roxy*, aimed to influence prevailing youth culture to become more supportive of behaviour that prevented HIV transmission. Judging from the reactions of teenagers, it hit its target.[120]

Opposition to and problems with educational efforts

There was a flip side to the abovementioned educational attempts. It was not always plain sailing. Emotionally driven opposition, gender relations and simply inadequate training opportunities and the lack of proper infrastructure, increased the difficulty of task. The effect was that HIV and AIDS education was sometimes simply ignored.[121]

---

118 Rifkin & Croucamp, "Approaches to the comic story medium as an AIDS education resource", pp 12-13

119 SAMRC

120 No Author, "Roxy – life, love and sex in the nineties", *Aids Bulletin*, 2, 2, July 1993, p 23

121 Busse, "Response of people with HIV and AIDS to representations of themselves", p 23 and Coleman, "The Hlabisa HIV video: an attempt to bridge the gap between knowledge and behaviour", p 24

Some teachers did not give their unqualified support. The production of the photo-comic *Roxy* is a case in point. They felt uncomfortable and apprehensive about information revealing that teenagers were sexually active, smoked and drank alcohol, as well as explicit information about AIDS prevention that might offend parents. This resistance manifested itself in the form of denial of scientific evidence and despite explanations that the realities have to be portrayed to be effective. The teachers' reservations remained a concern that could not be fully resolved.

This limited discussing sexual matters. Information was only provided on how HIV was *not* transmitted, while avoiding information on how it *is* transmitted.[122] This was an important failure. Mati summarised it thus:

> Parents believe that it is the school's responsibility; teachers expect the parent to deliver the message while church ministers are reluctant to discuss sexual matters, especially those aspects of AIDS education that acknowledge that some teenagers may be sexually active and offer ways to protect them from being infected [123]

Gender relations impeded acceptance of educational material on HIV and AIDS. Asked to limit the number of sexual partners as one way to avoid the spread of HIV, many men replied "... but it is in our culture to have lots of girlfriends ... we can't change ..." Similarly, women claimed that they cannot insist on condom use because "it is not our place to tell men what to do ... they won't listen."[124] In addition, apart from not discussing sexuality or sexually transmitted diseases, many women preferred to hide their suspicions that their partner may be indulging in high-risk sexual behaviour.[125] Preston-Whyte pointed out that

> people are often driven to action, not by choice, but by circumstance For many women, and some men, survival rather than "love" dictated the number and choice of sexual partners [126]

Closely linked to this was a strong resistance to condom use and to change sexual behaviour amongst many men. Cultural fallacies equated promiscuity and sexual prowess with masculinity.[127] Male sexual excesses were generally hallowed as prestigious by other men.[128]

During 1991, the HSRC completed a countrywide evaluation of the ATICCs. The aim was twofold: to ascertain whether the ATICCs were functioning effectively to prevent HIV and AIDS by means of training, education and counselling, and to identify drawbacks and problems being experienced. The evaluation highlighted a variety of impediments to effective education. Work overload, staff shortages and inadequate qualifications, lack of funds[129] for training, as well as a lack of clinical psychologists and social workers were some of the problems. Some of the training courses were too short to achieve more than just awareness. Furthermore, inadequate

---

122 No author: "Interview with Stockton", p 6; A R Lifson, "Do alternate modes for transmission of Human Immunodeficiency Virus Exist?", *Journal of Applied Social Psychology*, 20, 1, July 2006, pp 424-448

123 Mati, "Acquired immune deficiency syndrome", pp 6, 11, 47

124 Preston-Whyte, "The influence of culture on behaviour", p 20

125 Carolus, "Addressing the challenge of AIDS", p 4

126 Preston-Whyte, "The influence of culture on behaviour", p 22

127 Carolus, "Addressing the challenge of AIDS", p 5

128 D Mokhobo, "AIDS in Africa", *Nursing RSA*, 4, 3, March 1989, pp 20-22

129 It was only in 1996 that the government increased the HIV and AIDS budget from R21-million to R85,5-million Mati, "Acquired immune deficiency syndrome", p 24

follow-up training existed to ensure that the courses were being utilised and that the information met the needs of the target groups.

In addition it was evident that the scope of HIV and AIDS counselling and training quickly had to be increased to include the social consequences of HIV and AIDS. Very few communities had the resources[130] to cope with the social problems associated with HIV and AIDS.[131] A similar survey done in the different NACOSA regions confirmed that these problems were not yet solved.[132] The most important were the following: insufficient financial resources to enable effective teaching; poor transport and communication networks, especially in remote areas; conservative attitudes of town councils about HIV and AIDS education; political instability; uncertainty about the integration of health departments; and a lack of educational materials such as literature and posters.[133]

Conclusion

The effectiveness of a healthcare message was partially based on the credibility of the messenger. However, apartheid and the previous South African Government's history of racism and ethnocentrism created distrust and scepticism amongst many people towards the commitment and sincerity of government-sponsored endeavours to promote sex. The calamitous effect was that HIV and AIDS information provided by Government was simply not believed or trusted. Mandela shared the view that apartheid had been instrumental in the spread of HIV and AIDS, especially in townships, and that government efforts to combat the epidemic were viewed with suspicion.[134] Others even regarded HIV and AIDS as a plot to limit the growth of the black population.[135]

It seems that despite all the educational attempts, especially during the 1990s, historical, political, social, economic and psychological forces were too strong to allow for any major inroads in the ultimate goal of behaviour change. Knowledge was not translated into constructive risk-reducing behaviour. By defining HIV and AIDS exclusively as a medical problem, other angles such as the interdisciplinary nature of the disease, the less visible interconnectedness of our social institutions and the complexities of the disease were ignored. This, together with a lack of focus on the socio-economic situation in the country was one of the reasons for this failure.

---

130 R Hodes pointed that that the newly constituted Department of Health – headed in 1994 by Doctor Nkosazana Zuma still – faced a number of daunting problems Decades of apartheid health policy, which saw the concentration of resources in the privileged white sector, while services for the majority of the population remained grossly underfunded R Hodes, "HIV/AIDS in South African Documentary Film, c 1990–2000", *Journal of Southern African Studies*, 33, 1, March 2007, p 164

131 No author, "Attic Fighting AIDS through training, information and counselling", pp 7-8

132 No author: "NACOSA – update on the regions", *Aids Bulletin*, 3, 2, July 1994, pp 10-12

133 No author, "NACOSA – update on the regions", pp 10-12

134 *The Citizen*, 24 October 1992

135 Whiteside and Van Niftrik, "AIDS in South Africa: Government and ANC Response", pp 1, 9; Zazayokwe, "Some barriers to education about AIDS in the Black Community" Also see my article "Early responses, attitudes and behaviour regarding HIV and AIDS in South Africa, 1983-1988", *Journal for Contemporary History*, 26, 1, June 2001, pp 86-103

There is significant evidence that especially young people did not change their sexual behaviour in response to an awareness of HIV and AIDS during the first half of the 1990s.[136] One explanation for this might be that the repeated link in the educational content between high-risk groups and high-risk behaviour, as well as simply focusing on facts, offered a false sense of security, rather than a sense of its relevance to their lives, and was therefore counterproductive. It was almost impossible to convince young people to listen to any messages about HIV and AIDS and to understand personal vulnerability if the mentality and social labelling of "us-versus-them" that pervaded social thinking could not be broken.

Ironically some associated increased knowledge about HIV and AIDS with decreased perceptions of vulnerability.[137] Others were left more confused than reassured, because they were unable to coordinate the medical facts, social meanings, and public health messages, or to relate this information to their own lives.[138]

Consequently, the idea that HIV and AIDS education could bridge the gap between knowledge and behaviour change through information and skills-based programmes, proved to be a misconception.[139] Research and people working in the HIV and AIDS field indicated that this was no longer even the main issue. Preventing the transmission of HIV involved not only learning about condoms and negotiating sex; it also meant developing tools of political analysis, a commitment to social change, and an ethic of caring and responsibility. The following basic human need stated by Butchart was not met by educational efforts: "Educational strategies work best when individuals expect substantial benefits at little personal cost from behaviour change."[140]

The youth would have been best served if the assumptions underlying the curriculum were inverted. Instead of creating elaborate instructional guides based on a formal ordering of facts, the curriculum should have based the issues that people themselves found challenging on the agenda. Successful prevention efforts do not abstract and control behaviours, but help people to examine sexual practices in the context of their total lives. Behaviour that endangered health could only change significantly if people had the opportunity to use their own experience to contextualize the issues. People have to feel that they themselves are at risk, and have the resources, commitment and power to act to change societal and structural issues.

---

136 Kuhn, Steinberg, and Mathews, "Participation of the school community in AIDS education: an evaluation of a high school programme in South Africa", pp 161-171; B M Magwentshu, "Critical analysis of sex education knowledge and behaviour of teenagers in Soweto high schools: A nursing perspective" MA thesis, University of South Africa, Pretoria, 1990; N P Page, "Effectiveness of a sex education programme in changing sexual knowledge, attitudes and behaviour of black adolescents" Unpublished MA thesis, University of South Africa, Pretoria, 1990; A K Perkel, *The Mindscape of AIDS. Dynamics of Transmission* (Percept Publishers, Cape Town, 1992); Robinson, "An investigation into pupils' knowledge of and attitudes towards AIDS: a survey of four private schools", 1991; Z Stein, "Important evidence about HIV prevention: lessons from researchers", *Aids Bulletin*, 2, 3, November 1993, p 14

137 Naidoo, "Acquired Immune Deficiency Syndrome", pp 107-108

138 P M Bowen, "AIDS 101", *in* T F Murphy and S Poirier (eds), *Writing AIDS; Gay literature, language and analysis* (Columbia University Press, New York, 1993), pp 140-160

139 C J van Dam, "AIDS: Is Health education the answer?", *Health Policy and Planning*, 4, June 1989, pp 141-147

140 A Butchart, "Qualitative research in public health Complementing epidemiological information with the individual perspective on risk and risk factors", *AIDS Bulletin*, 2, 3, November 1993, p 13

Basic information was not provided, for example clarifying that AIDS and HIV are not the same conditions, emphasising modes of transmission of HIV and that everyone was susceptible to the disease.[141] Fear of contagion, especially, was not addressed. The result was that like discriminating on the grounds of gender, race, ethnicity, sexuality or sexual orientation and disability, being HIV positive or having AIDS became another form of discrimination.

Given the highly politicised context it was inevitable that an underlying political dimension was also present. Many of the approaches assumed that the lack of a positive self-image was the biggest factor preventing young people from making healthy decisions. However, to a certain extent this approach masked the material barriers to real equity and autonomy and amounted to nothing more than efforts to promote better psychological adjustment to the political *status quo*. As Young warned,

> These seemingly humanistic techniques of building self-esteem often became a means to reproduce a hegemonic ideology, instantiating subtle but powerful forms of social control [142]

There was not an open discussion of sex and sexuality and a lack in creating public awareness of the dangers of venereal diseases, in deference to national prudishness and religious sensibilities. The result was that a combination of fear, prejudice, conservative sexual, educational and religious values, resistance to condom usage and myths about the sexual behaviour of specific groups, have served to complicate and inhibit the effectiveness of HIV and AIDS prevention by educational efforts. Nevertheless, the reality of HIV and AIDS could not be denied forever and through education, society was, by default, forced to address at least the above-mentioned issues. Perhaps the value of the educational efforts lies there.

Thus despite the plethora of information on HIV and AIDS and the education efforts, infection rates continued to soar and there appeared to be little change in behaviour.[143] It was, however, not effective in improving the health of many South Africans.[144]

By 1994, it seemed as if the HIV and AIDS epidemic slipped out of the national consciousness. This was hardly surprising. It was difficult to sustain interest in something over a long period and there has not been a dramatic and visible increase in the number of cases. The negotiation process for a new democratic government and upcoming elections overshadowed any other issue.

---

141 Naidoo, "Acquired Immune Deficiency Syndrome", p 102

142 R Young, *A critical theory of education* (Teachers College Press, New York, 1990)

143 M J Kelly, *Planning for education in the context of HIV/AIDS* (International Institute for Educational Planning, Paris, 2000)

144 The figures confirm this By the middle of 1995, there were 1,2-million South Africans already infected with HIV The rate of increase during the first part of the 1990s, was as follows:

1991	1,35 per cent;
1992	2,42 per cent;
1993	4,25 per cent;
1994	7,6 per cent;
1997	16 per cent

Moreover, the figures doubled every 15 months and a striking feature was the racial difference of infection: 10 times more "blacks" than "whites" were infected *Eastern Province Herald*, 20 June 1995; A Baleta, "South African faces an AIDS crisis as government health campaigns fail", *The Lancet*, 653, 1, 20 February 1999

Abstract

Challenges and obstacles in early HIV and AIDS education in South Africa, 1989-1994

Very little research has been done on HIV and AIDS education in the 1980s. AIDS cases rapidly increased from less than 1 per cent in 1990 to almost 8 per cent in 1994. Both the government and non-governmental organisations started to launch HIV and AIDS education campaigns and programmes. Whilst the levels of awareness might have been relatively high, the same cannot be said for the knowledge levels. There were numerous impediments with the educational efforts. These ranged from a restrictive conservative morality, and a strictly bio-medical interpretation of the disease, to the racial context of South Africa. A variety of methods were used to convey the HIV and AIDS message. Considering the levels of illiteracy in the country, educationists made use of visual aids and dramatic performances to convey the message. Prejudice, as well as inadequate financial and human resources, impeded the educational drive. By 1994 knowledge levels rose, but no major inroads were made in the ultimate goal of behaviour change.

Opsomming

Uitdagings en struikelblokke in vroeë HIV- en VIGS-opvoeding in Suid-Afrika, 1989-1994

Baie min is gedoen ten opsigte van HIV- en VIGS-opvoeding in die 1980's. VIGS-gevalle het vinnig toegeneem van minder as 1 persent in 1990 tot amper 8 persent in 1994. Beide die regering en nie-regeringsorganisasies het veral in hierdie tyd HIV- en VIGS-opvoedingsveldtogte en -programme begin loods. Die vlak van bewussyn mag relatief hoog gewees het, maar dieselfde kan nie van kennisvlakke gesê word nie. Daar was heelwat beperkinge wat die opvoedingspogings in die wiele gery het. Dit het gewissel van 'n baie beperkende konserwatiewe moraliteit en 'n streng biomediese interpretasie van die siekte, tot die rasse-konteks van Suid-Afrika. Verskeie metodes is aangewend om die HIV- en VIGS-boodskap oor te dra. Opvoedkundiges het die vlak van ongeletterdheid in ag geneem en daarom het hulle van visuele middele en toneelspel gebruik gemaak om die boodskap oor te dra. Vooroordele en ontoereikende finansiële en menslike hulpbronne het baie beperkend op die opvoedkundige pogings ingewerk. Teen 1994 het kennisvlakke wel toegeneem, maar geen noemenswaardige vordering is gemaak met die uiteindelike doel om gedrag te verander nie.

Key words

AIDS; behaviour; conceptualisation; context; education; government; HIV; knowledge; messages; methods; NGO; obstacles; problems, programmes.

Sleutelwoorde

Boodskappe; gedrag; HIV; kennis; konseptualisering; konteks; metodes; NGO; opvoeding; probleme; programme; regering; VIGS.